CFS 687 Rev. 1/2007

State of Illinois Department of Children and Family Services

SEXUAL ABUSE PROGRAM SUMMARY OF REVIEW AND SCREENING

<u>Filing Instructions:</u> Upon completion, the CFS 687 Summary of Review and Screening is to be filed in Section VI Child Specific Section of the case record.

I. UIR REVIEW

UIR#	DATE FILED:		DATE R	ECEIVED:	
Name:			ID#:		
DOB:] Female			
Primary language:	Legal stat	us:			
Persons Contacted	Relationship to Child	<u>Date</u>			
				In person	By phone
				In person	By phone
				In person	By phone
				In person	By phone
				In person	By phone
				In person	By phone
Reporter:					
Worker:			R/S/F	:	
Supervisor:					
CPSW investigation condu	ucted?			☐ Yes	□ No
If yes, outcome:	☐ Indicated	Date			
	☐ Unfounded	Date			
	Pending as of	(I	Date)		
Investigator:					
Investigating Unit:					
Investigation by law enfor	cement?			☐ Yes	□ No
If yes, name of law enf	forcement / investigating u	nit:			

Criminal charges filed for sexual offense?	☐ Yes	□ No
Date charged:		
Pending as of (Date)		
What was the charge?		
Adjudicated		
Charges pled down from to		
☐ Charges dropped		
☐ Dependency		
Court of jurisdiction:		
List all of the court's orders regarding this offense or violation:		
Was the ward placed on probation as a result of this offense?	☐ Yes	□ No
If yes, list the conditions of probation:		
SASC NOTES: Summary of Contacts/Findings (Include reason for disposition determination.)		

☐ NOT A SEXUAL BEHAVIOR PROBLEM. ☐ PROCEED WITH BEHAVIORAL REVIEW. RECOMMENDATIONS For caseworker / supervisor: For caregiver: Completed by: _ _____ Date: __

DISPOSITION

II. BEHAVIORAL SCREENING

INFORMATION REV	IEWED			
				_
PARTICIPANTS				
Participants	Relationship			
Name	to Ward	<u>Date</u>		
			In person	By phone [
			In person	By phone [
			In person	By phone [
			In person [By phone [
			In person [By phone [
			In person [By phone [
BACKGROUND INFO	ORMATION			
Reason/Date(s) for DCFS	S involvement:			
Dormananay nlan				
How often is family and/	or sibling visitation occurri	ng?		
If family / sibling visi	itation are not ongoing, reas	son why:		
		- 		
Woulson's length day - 6 -	2000			
/vorker/s knowledge of c	ease:			
Worker's knowledge of a	ılleged sexual incident:			

ALLEGED SEXUAL INCIDENT

Date of incident: UIR #:
Describe the behavior:
Describe the precursors/antecedents to the incident:
Describe the context in which the incident occurred:
The incident was witnessed by:
What time of day did the alleged incident occur?
Ward's age at time of alleged incident:
How was the sexual incident discovered? Another child's report? Observed by the caregiver or a teacher? What documentation is there of the alleged incident, for example, case notes. school report, eyewitness?

How often does the beh	avior occur?			
When?				
Does the behavior place	e the child at risk?		☐ Yes	□ No
Does the behavior place	e other children at risk?		☐ Yes	□ No
Is the behavior physica	lly self-abusive?		☐ Yes	□ No
Is the behavior develop	mentally typical for this ch	ild?	☐ Yes	□ No
(Attach additional page Date of incident: Describe:	-			
UIR submitted?			☐ Yes	□ No
If yes, UIR #:				
CPSW investigation con	nducted?		☐ Yes	□ No
If yes, outcome:	☐ Indicated☐ Unfounded☐ Pending as of			
Investigator:				
Investigating Unit:				

Investigation by law enforcement?	☐ Yes	□ No
If yes, name of law enforcement / investigating unit:		
Criminal charges filed for sexual offense?	☐ Yes	□ No
What was the charge?		
☐ Adjudicated		
Charges pled down from to	_	
Charges dropped		
Dependency		
Court of jurisdiction:		_
List all of the court's orders regarding this offense or violation:		
Was the ward placed on probation as a result of this offense?	☐ Yes	□ No
If yes, list the conditions of probation:		
OTHER UIRS (Attach copies or summarize UIRs not described elsewhere.)		
UIR #: Date: Type:		
Summary of UIR:		
UIR #: Date: Type:		
UIR #: Date: Type: Summary of UIR:		

COMPLETE LEGAL/CRIMINAL HISTORY

Have other charges been filed against this ward?		☐ Yes	□ No
If yes:			
Charge:	Date:		_
Adjudicated			
Charges pled down from to			
☐ Charges dropped			
☐ Dependency			
Court of jurisdiction:			
List all of the court's orders regarding this offense or violation:			
Was the ward placed on probation as a result of this offense?		☐ Yes	□ No
If yes, list the conditions of probation:			_
Charge:			
☐ Adjudicated			
Charges pled down from to			
☐ Charges dropped			
☐ Dependency			
Court of jurisdiction:			
List all of the court's orders regarding this offense or violation:			
Was the ward placed on probation as a result of this offense?		☐ Yes	□ No
If yes, list the conditions of probation:			
PLACEMENTS			
Attach NOMAD Report.			

SCHOOL Grade, Performance, Placement: <u>IQ</u> <u>IQ</u> Verbal _____ <u>IQ</u> Verbal _____ Verbal Performance _____ Performance _____ Performance _____ Full Scale _____ Full Scale Full Scale _____ **Date** _____ Date _____ Date _____ MEDICAL CONDITION ☐ ASTHMA **■** ENCOPRESIS ENURESIS ☐ GLASSES **HEARING** ☐ LEAD EXPOSURE **☐** OTHER Describe: **HOSPITALIZATIONS** Date: _____ Name of Hospital: _____ Reason: Date: _____ Name of Hospital: _____ Reason: Date: _____ Name of Hospital: _____ Reason:

MENTAL HEALTH DIAGNOSES

Diagnosis:	Axis I
	Axis II
	Axis III
	Made by:
	Agency/Facility/Hospital:
	Date:
Diagnosis:	Axis I
	Axis II
	Axis III
	Made by:
	Agency/Facility/Hospital:
	Date:
Diagnosis:	Axis I
	Axis II
	Axis III
	Made by:
	Agency/Facility/Hospital:
	Date:
Diagnosis:	Axis I
	Axis II
	Axis III
	Made by:
	Agency/Facility/Hospital:
	Date:

BEHAVIORAL FUNCTIONING

☐ AOD	☐ DELINQUENCY	☐ EATING PROBLEMS
☐ RUNNING	☐ PHYSICAL AGGRESSION	☐ SEXUAL ORIENTATION/QUESTIONING
☐ SELF-ABUSE	☐ SLEEP DISTURBANCES	☐ GANG INVOLVEMEN
☐ OTHER		
Describe: _		
Does this child have	e friends?	☐ Yes ☐ No
What does s/he like	to do?	
_		
What does s/he do v	vell?	
-		
Overall, what are th	nis child's strengths?	
		-
<u> </u>		-
		-

MEDICATIONS

Name:		Dosage:
	Instructions:	
Name:		Dosage:
	Instructions:	
3 .7		The state of the s
Name:	Instructions:	Dosage:
Name:		Dosage:
	Instructions:	
Name:		Dosage:
	Instructions:	
		·

CURRENT TREATMENT SERVICES

Type:		Dates:
	Provider/Clinician:	
	Agency/Facility/Hospital:	
Type:		Dates:
	Provider/Clinician:	
Type:		Dates:
	Provider/Clinician:	
	Agency/Facility/Hospital:	
Type:		Dates:
	Provider/Clinician:	
	Agency/Facility/Hospital:	
Type:		Dates:
-JPc.	Provider/Clinician:	
PREV	TOUS TREATMENT SERVICES	
Type:		Dates:
	Provider/Clinician:	
	Agency/Facility/Hospital:	
Type:		Dates:
	Provider/Clinician:	
Type:		Dates:
	Agency/Facility/Hospital:	
Type:		Dates:
JP	Provider/Clinician:	

POSITION						
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III. RECOMMENDATIONS

Are PCD restrictions needed?

(If yes, complete the PCD Requirements section.)

TREATMENT RECOMMENDATIONS Refer for: _____ Prognosis: SUPERVISION RECOMMENDATIONS Ability of current caregiver to provide recommended level of Supervision: Caregiver's age: Caregiver's physical condition: Number of children in home: Age range: Total number of people living in the home: _____ Can the ward's needs be met in the current living arrangement? ☐ Yes ☐ No If no, is a change in placement recommended? ☐ Yes ☐ No If yes, explain why a change in placement is recommended: Type of placement setting recommended:

☐ Yes ☐ No

PCD REQUIREMENTS

(Complete only if a hold is placed on the home.) This ward should be the only child in the home, including biological children of the caregiver, sibs, or other DCFS wards. This ward may be placed with other children who are: _ or more years older Females who are _____ or more years older. Males who are _____ or more years older. This ward may not be placed with other children: ☐ No additional children should be placed in the home. **☐** Who are physically handicapped or mentally retarded **☐** Who have sexual behavior problems Who are victims of sexual abuse. Note: The above criteria must be followed for placement of this ward in respite care. **COMMENTS**

SASC PLACEMENT AND SUPERVISION RECOMMENDATIONS AND APPROVAL

Supervision			
Use of alarms, motion detectors, or other electronic monitoring devices:			
☐ Not Approved			
☐ Approved			
Describe the devices that will be used, where they will be located, and why they are necessary:			
Notification of School / Others			
Notification of school personnel or other adults outside of the ward's living arrangement:			
☐ Not Approved			
☐ Approved			
List the activities which require notification of other adults, using the addendum to the Supervision Plan, and the names of the adults who will supervise:			
PLACEMENT RECOMMENDATIONS			
Change in placement:			
☐ Not Approved			
☐ Approved			
If approved, recommended placement setting:			

OTHER RECOMMENDATIONS

For caseworker / supervisor:			
		_	
For caregiver: _			
-			
-			
-			
Completed by:		Date:	
	Sexual Abuse Services Coordinator		
Date of next staffing:			